MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
Certificate of Need

Special Care Nursery (SCN) Services Follow-Up

Authority: Act 368, P.A. 1978 & P.L. 92-603

Applicant:	Certificate of Need (CON) No:
Facility Name:	Facility No:

Project Description [please check only one (1)]

☐ Initiate SCN services	☐ Acquire SCN services
☐ Replace SCN services	

Project Delivery Requirements

Documents must be maintained on file by the applicant. The Department reserves the right to request documents if the project is selected for auditing purposes.

1st Patient Admission in SCN Bed after CON Approval: (mm/dd/yyyy) [Attach patient log-HIPPA Compliant]

Compliance with the following applicable quality assurance standards for SCN Services:

☐ Finalized written consulting agreement with NICU Hospital (Attach with CON-1400 Form).

☐ Applicant coordinated its services with other providers of obstetrical, perinatal, neonatal and pediatric care in its planning area, and other planning areas in the case of highly specialized services.

☐ Applicant developed and implemented a system for discharge planning.

☐ A board certified neonatologist serves as the SCN Program Director.

The hospital continues to have the following capabilities and personnel continuously available and on-site:

☐ The ability to provide mechanical ventilation and/or continuous positive airway pressure for up to 24 hours.

☐ Portable x-ray equipment and blood gas analyzer.

☐ Pediatric physicians and/or neonatal nurse practitioners.

☐ Respiratory therapists, radiology technicians, laboratory technicians, and specialized nurses with experience caring for premature infants.

Certification and Contact Information

By submission of this form, I certify that all the information provided above have been verified and accurately reflect the outcome of the approved project.

Name: Email address:

Telephone No.: Extension: Fax No.: Date: (mm/dd/yyyy)

Return to: Michigan Department of Health and Human Services
Certificate of Need Evaluation Section
333 South Grand Avenue, 4th Floor, P.O. Box 30195
Lansing, Michigan 48933 or
Email: tuttleg@michigan.gov

Note: Resave SCN document with your CON No. in the title (i.e., CON No. 99-9999 SCN) and send to above email address.